(b) (6) **CTR OPNAV**

From: (b) (6) LCDR OLA, LA-64 (b) (6) .mil>
Sent: Monday, March 19, 2018 6:15 PM
To: (b) (6) LCDR OLA, LA-62; (b) (6) CDR OLA, LA-66
Cc: (b) (6) LCDR OLA, LA-64
Subject: FW: DRAFT EXSUM - IMCOM/MEDCOM FAP and PM call with HASC PSMs

Ladies,

FYSA.

V/r
(b) (6)

From: (b) (6) LTC USARMY HQDA OCLL (US)
Sent: Monday, March 19, 2018 5:03:56 PM
To: (b) (6) Lt Col USAF OSD OASD LA (US); (b) (6) CIV OSD OASD LA (US); (b) (6) Lt Col USAF SAF-LL (US); (b) (6) LCDR OLA, LA-64
Subject: FW: DRAFT EXSUM - IMCOM/MEDCOM FAP and PM call with HASC PSMs

From today.

----------EXSUM----------

19 Mar 18 // 1400-1430. Ms. (b) (6), Ms. (b) (6), and Dr. (b) (6) had a phone call with HASC-MP PSMs Mr. (b) (6) and Mr. (b) (6) regarding the Army's Family Advocacy Program (FAP) involvement in juvenile on juvenile (J/J) sexual misconduct. This phone call occurred as a result of the phone call the PSMs had with OTJAG and OMPG representatives on 15 Mar 18 regarding jurisdiction, investigation, and adjudication of J/J misconduct on Army installations.

Ms. (b) (6) first discussed the FAP program and noted that it was created by the Child Abuse Prevention Act (CAPA) which authorizes services to prevent child abuse and neglect by parents, foster parents and/or caregivers, noting that the law provides the parameters for FAP services throughout DoD, as well as for state and county child protection agencies.
She noted how military FAP's focus is prevention and treatment of offenders to help restore family functioning and readiness and it is not designed for accountability and reporting for the offenses role.

Next, Dr. (b) (6) discussed MEDCOM FAP, which is the clinical side of FAP.
She discussed how they provide treatment for all children who meet FAP eligibility, noting that since there are no trained juvenile sex offender providers in the Army, FAP refers those children to off-post specialists.
Dr. (b) (6) also noted that all treatment is voluntary for all the families. She described how FAP would make an assessment of whether a child's misconduct was as a result of parent or caretaker abuse, and if so, that child would be eligible for MEDCOM FAP services.

Mr. (b) (6) asked about when CID contacts FAP, and Dr. Humphries informed him that CID would not necessary contact FAP for all cases involving children, but they often do as a matter of course since CID and FAP work hand-in-glove; however, CID contact with FAP does not guarantee that the children involved are eligible for FAP services.

Ms. (b) (6) then discussed IMCOM FAP, the non-clinical side of FAP. She described the installation support and programs available for families, to include the Military Family Life Consultants (MFLC) who are at the schools, CDCs, and other CYSS-run programs. Mr. (b) (6) asked for an info paper on the MFLCs, which OCLL will provide him. Mr. (b) (6) asked about the counseling services in schools, and Dr. (b) (6) noted that in Germany, qualified clinical providers are at the schools as a result of the lack of qualified providers in the country to take referrals.

Mr. (b) (6) concluded the phonecon by asking what practical hurdles FAP has to tracking J/J incidents why FAP doesn't keep track J/J incidents. Ms.
(b) (6) again emphasized that FAP -- across DoD -- is strictly a treatment program, not an accountability and tracking system per the CAPA, and a change to the way FAP treats children and families in crisis could have a chilling effect on families who truly need care.

This was a positive engagement that educated the PSMs on the role of FAP in J/J incidents.

DUE OUT: IP for MFLC.

---

v/r

LTC (b) (6)
Legislative Counsel
Investigations and Legislative Division
Army Office of the Chief, Legislative Liaison (OCLL)
(b) (6) Pentagon

O: 703-697-0275
C (b) (6)